



CEREAL MALT BEVERAGE LICENSE APPLICATION
COMPLETE IN TRIPLICATE

Kansas Sales Tax Number

OR

Federal Employer Identification Number

CITY LICENSE
(316) 268-4553

New

Renewal

Check one:

Retailer, consumption OFF Premises

Tavern (less than 50% of gross revenues from sale of FOOD)

General/Restaurant (need 50% or more gross revenue from sale of FOOD)

Special Event (maximum of 3 consecutive days-4 times per year)

FEES

<u>Local</u>	<u>State</u>	<u>Total</u>	
\$50.00	\$25.00	\$75.00	
\$200.00	\$25.00	\$225.00	
\$200.00	\$25.00	\$225.00	
\$65.00	\$25.00	\$90.00	1st day
		\$65 each additional day	

1. Business information:

Name of Business/Special Event			
Address of Business/Special Event			
City, State, Zip			
Mailing Address (if different)			
City, State, Zip			
Business Phone		Days of Special Event	

If applicant desires to include as part of the licensed premises any area other than the interior of a building, the applicant shall attach a drawing of the proposed licensed premises to each copy of this application.

2. Applicant Information (must be completed for person signing application):

Name			Social Security Number		
Home Address				Zip	
Home Phone		DOB		Race	Sex
Spouse's Name			Social Security Number		
Spouse's Maiden Name(if applicable)			DOB		

- How long have you been a resident of the State of Kansas?
- How long have you been a resident of Sedgwick County, Kansas?
- How long have you been a resident of the City of Wichita, Kansas?
- Are you a citizen of the United States?

By birth or naturalization?

If naturalized, give place & date of naturalization

Within two years prior to the date of making this application, have you or your spouse been convicted, adjudged guilty, or placed on diversion for any of the following? If the answer to any of the questions is "Yes", please identify and explain on a separate sheet.

- | | | |
|--|------------|---------------|
| | <u>YOU</u> | <u>SPOUSE</u> |
| | Yes No | Yes No |
- A Felony?
 - A crime involving moral turpitude?
 - Drunkenness?
 - Driving a vehicle while under the influence of intoxicating liquors?
 - A violation of any city, state, or federal intoxicating liquor law?

3. Business Location Information-Please provide the following information for the owner of the premises upon which the business is located:

Name			
Address		Zip	

4. Financial Information: List all persons other than the applicant having financial interest of any kind in the business. If additional space is needed, please list on a separate sheet of paper.

Name			Social Security Number		
Address				Zip	
Phone		DOB		Race	Sex

5. Store Manager:

Name			Social Security Number		
Address					Zip
Phone		DOB		Race	Sex

6. Corporation: Each officer, each director, and each stockholder owning in the aggregate more than 25% of the stock of such corporation must answer the following questions. If additional space is needed, please list on a separate sheet of paper.

Name			Social Security Number		
Home Address					Zip
Home Phone			Corporate Position		
DOB		Race		Sex	

All persons named on this application must answer the following questions.

- How long have you been a resident of the State of Kansas?
- How long have you been a resident of Sedgwick County, Kansas?
- How long have you been a resident of the City of Wichita, Kansas?
- Are you a citizen of the United States? By birth or naturalization?
If naturalized, give place & date of naturalization

Within two years prior to the date of making this application, have you been convicted, adjudged guilty, or placed on diversion for any of the following? If the answer to any of the questions is "Yes", please identify and explain on a separate sheet.:

Yes No

- A Felony?
- A crime involving moral turpitude?
- Drunkenness?
- Driving a vehicle while under the influence of intoxicating liquors?
- A violation of any city, state, or federal intoxicating liquor law?

ON PREMISE ONLY-COMplete THE FOLLOWING:

Is your business:

Yes No

- Located within 300 feet of a church or school?
- Tavern-Located within 150 feet of a residential district?
(All distance requirements are measured from the nearest property line of the church, school or residential zoning district to the nearest portion of the building in which cereal malt beverages are sold.)
- Have your required off-street parking plans been approved?
(New location applicants must provide off-street parking on the basis of one space for each three occupants.)

I, _____, the above named applicant, state that I have read the contents of this application and that all information and answers herein contained are complete and true. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by the City of Wichita relating to the sale and distribution of cereal malt beverages, and do hereby agree to purchase all cereal malt beverages from a wholesaler licensed and bonded under the laws of the State of Kansas and I consent to immediate revocation of my cereal malt beverage retail license, by the proper officials, for any violation on such laws, rules or regulations.

Applicant's Signature-Must be notarized

Date

Dated this _____ day of _____, _____.

Notary Public

FOR OFFICIAL USE ONLY

DEPARTMENT	APPROVED	DISAPPROVED	DATE
VICE SECTION			
CHIEF OF POLICE			
CENTRAL INSPECTION			
FIRE DEPARTMENT			
DIRECTOR OF LAW			
CITY COUNCIL			
RENEWAL		New Operator	New Establishment
RECEIVED DATE		RELEASED DATE	
LICENSE NUMBER		EXPIRATION DATE	

Regulatory agencies are required to submit a substantiating memorandum when this application is disapproved.